Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

35469USI

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	YTITY	OB	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			27		(00.0].	.	RATE	FEE	7 7	RATE	FEE
					AULINAD	ED EVIDA		BASIC FEE		1	BASIC FEE	770.00
FOR			NUMBER FILED		NUMBER EXTRA		- 1	BASIC FEE	365.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			50 mir	nus 20=	* 30		ı	X\$ 9=		OR	X\$18=	540
INDEPENDENT CLAIMS			3 minus 3 =		٥			X43=		OR	X86=	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT			风		+145=		OR	+290=	290
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			olumn 2	•	TOTAL		OR	TOTAL	1600
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Column 2)		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											AUDII. FEE	
AMENDMENT B	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	╽┟	X43=		OR	X86=	
۷	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		╿┞	+145=		On		
										OR	+290=	
		A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	·					
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	`
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	1 20, enter "20."	Al	TOTAL DDIT. FEE]	OR	TOTAL ADDIT. FEE	
		ber Previously Paid					r four	nd in the app	oropriat box	in col	umn 1.	